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SUBJECT: CODEL DURBIN REVIEWS TANZANIAN HEALTH ISSUES

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SUMMARY: On February 13-15, 2010, Senator Richard Durbin (D-IL), Senate Majority Whip and Member of the Senate Appropriations Committee (SAC), led a Congressional Delegation (CODEL) on official committee business to Tanzania. Tanzania was the first stop of the CODEL's seven-day, four country visit (also included Congo, Sudan and Ethiopia). Other members of the CODEL included Senator Sherrod Brown (D-OH) and spouse, Mrs. Connie Schultz, a Pulitzer prize winning journalist; Mr. Chris Homan, Office of Sen. Durbin; Mr. Max Gleichman, Office of Sen. Durbin; Mr. Doug Babcock, Office of Sen. Brown; and Lt. Col. Tracey Watkins, USAF. The purpose of their visit to Tanzania was to learn more about U.S. foreign assistance programs, in particular global health and child/maternal mortality.

CODEL members spent the majority of their trip in Mwanza, on the shores of Lake Victoria. They traveled two-hours by road from Mwanza to review health services in rural Tanzania provided by CARE Tanzania. This visit emphasized scarcity of resources and challenges in delivering health services to rural areas. In Mwanza town, they visited a referral hospital and a health center. They also met with the Minister of Home Affairs, the Regional Commissioner of Mwanza, and had a round table discussion with representatives from Baylor University (pediatric AIDS), Touch Foundation and Abbott Fund to discuss health sector human resources issues in the lake region of Tanzania. END SUMMARY

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Breakfast Meeting with USG Assistance Team  
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1. Over an informal breakfast, the delegation met with an interagency group of senior USG officials working on health and development issues in Tanzania. The USG representatives were from State, DoD (including Walter Reed MRU), TREAS, HHS/CDC, Peace Corps, and USAID. After a brief introduction from the Mission's assistance team, the Senators engaged in a frank discussion on numerous health, development, defense and diplomatic issues that concern USG assistance to Tanzania. Key topics covered included contributing factors to Tanzania's high rates of infant and child mortality; access to and application of family planning; the state of education in Tanzania; issues affecting human resources for health (including emigration of skilled health care workers); successes of malaria interventions in Zanzibar and certain mainland districts; HIV vaccine efforts underway in Tanzania; economic opportunities in Tanzania as well as Government accountability and transparency; the perception of America in Tanzania and, finally, China's relations with Tanzania.

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## CARE Visit to Gambajiga Village

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¶2. In Gambajiga, the CODEL was able to visit with health workers and community leaders who, through CARE technical assistance, have taken concrete steps to improve the quality of health care for pregnant women in their area. Despite having access to only very basic dispensary and reproductive health services, villagers have taken steps to significantly reduce maternal mortality. The CODEL also met with members of the Mwagala Village Savings and Loan group supported by CARE. They learned how this program is improving the lives of its members and of their community. CODEL members expressed their appreciation for this experience of rural Tanzania.

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## Meeting with Lawrence Masha, Minister of Home Affairs

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¶3. Masha emphasized the critical importance of improving education in Tanzania. He said that Tanzania's building blocks of peace and stability will be the basis for its success. He stressed that change will come through an educated society. President Kikwete's administration is building a foundation for this through the construction of schools and training of teachers. He pointed out that the Kikwete government has built more schools in the past five years than the total built from the time of independence up until he was elected. He also mentioned that Tanzania has over 100,000 students in higher education, exceeding numbers in Uganda and Kenya.

Senator Durbin asked Masha's opinion on the policy of switching from Swahili to English instruction in later years of schooling. Masha strongly felt that instruction should be either all in English or all in Swahili from the beginning.

¶4. Durbin also raised the issue of a shortage of health workers and

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incentives to keep doctors and nurses in country and deployed to rural areas. Masha stated that the government was considering reinstating a national service program. Students who take part would be forgiven their student loans. Masha also mentioned the need for more foreign investment in Tanzania. He was discussing with an Iowa investor about developing a large hog farm in Mwanza.

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## Breakfast Meeting on Public-Private Partnerships and Human Resources Issues in the Health Sector

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¶5. Senator Durbin cited a discussion the previous evening with Minister of Home Affairs Masha concerning the issue of human resources for health. He spoke of bonding health workers, especially those receiving financial assistance, to go to remote locations for specified periods of time after their training. He was very focused on emigration of doctors and nurses to other countries and ways to reduce this phenomenon. However, he learned that for Tanzania only about 10 percent at most of health workers are employed outside the country and that the health worker shortage is mainly an inability to produce enough doctors and nurses. The other issue is an urban bias in the distribution of healthcare workers, causing significant shortages in rural areas.

¶6. Sen. Durbin asked the doctors present about lessons learned. They mentioned that improvement in clinical results requires support systems that reliably provide supplies, commodities and functioning equipment. They also spoke of the importance of working closely with local government authorities to expand services to rural communities. They favored in-country training of health professionals as opposed to foreign training. They insisted that most clinicians really don't want to leave their country, but need retention interventions. They also cited the need to capitalize on the political will to support the health sector to improve management capacity and overall systems.

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## Meeting with Regional Commissioner, Abbas Kandoro

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¶17. During this courtesy visit, the Regional Commissioner (RC) discussed specific challenges in the health sector including the shortage of health workers, insufficient infrastructure capacity relative to the size of the population it serves; and the president's primary health care initiative aimed at building a dispensary in every village. He also mentioned the Kilimo Kwanza initiative (Agriculture First), stressing the tremendous agriculture potential of the lake region. He lamented that only five percent of the land is irrigated, greatly inhibiting growth in the agriculture sector. Senator Durbin also asked the RC's opinion about the impact of switching to mandatory English teaching in later years of schooling, which the RC defended.

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Visit to Bugando Medical Centre

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¶18. The visit to Bugando provided the CODEL a chance to understand the opportunities and challenges faced by Tanzania public health facilities, especially those serving referral, teaching and specialized hospitals. At Bugando, the CODEL specifically visited the HIV Care and Treatment Clinic (including adult and pediatric services) as well as the fistula/maternity and neonatal ward. Senator Brown was very knowledgeable about, and asked numerous questions on tuberculosis (TB) and multidrug-resistant TB. En route to the Fistula ward, they asked questions about the needs for fistula repair vis-a-vis the ability to meet the need, and recognized there is considerable unmet need (i.e. approximately 720 women each year need the surgery, and they are only able to perform approximately 200 repairs/year).

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Visit to Makongoro Health Center

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¶19. In the briefing en route to Makongoro Clinic, USG/Tanzania staff highlighted that the facility was an atypical health centre in that they did not have delivery facilities, since it was an urban health centre and 80 percent of deliveries occur in rural settings. Questions then arose about maternal mortality/safe delivery, also stimulated by discussion about obstructed/prolonged labor at the

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obstetric fistula unit at Bugando. Causes of maternal and infant mortality were detailed, and a report on the ability of rural health facilities to handle these problems was cited. This report from UNICEF detailed what proportion of various levels of health facilities were prepared to provide specific components of care for complicated deliveries. Most of questions focused on asking patients about services in health facilities, about personal challenges, and the integration of family planning into other programs.

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Comments

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¶10. We believe the CODEL took away an understanding that the U.S. is doing a lot of good work in Tanzania and tax payer money is being well spent to help a lot of people. (They talked to some HIV positive patients on antiretroviral treatment (ART) and mothers in Preventing Mother-to-Child Transmission (PMTCT), antenatal and family planning clinics all heavily USG supported). They saw that services are being offered in an integrated way, but that the facilities in the town are overwhelmed with patients. They also saw an impressive public-private partnership with Baylor, Abbot and Touch Foundation. They were impressed with the exchange programs going on (U.S. physicians deployed at the referral hospital. There were about 10 - 12 U.S. physicians from Baylor, Cornell and Northwestern providing direct services and training at the referral hospital in Mwanza, mostly young residents doing short rotations of six weeks, except for Baylor, which as a long-term presence under PEPFAR). They also witnessed the need to provide family planning services that extend beyond health facilities, the issue of

decision-making in the household and importance of reaching women in rural Tanzania. At the post natal clinic they talked to a mother that just delivered her 14th child so we think that emphasized the point!

¶11. Mr. Chris Homan, Office of Sen. Durbin, cleared this message.

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